

## DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below at 201 et seq. underneath my name.

Ibelieve I am the original, first and sole inventor if only one name is listed at 201 below, or an original, first and joint inventor if plural names are listed at 201 et below, of the subject matter which is claimed and for which a patent is sought on the invention entitled METHOD AND APPARATUS FOR ACCESS ELECTRONIC DATA VIA A FAMILIAR PRINTED MEDIUM, the specification of which:

is attached hereto

X was filed on May 25, 1994 as Application Scrial No. 08/250799

(for declaration not accompanying application)

with amendment(s) filed

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referrabove

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulat §1.56(a).

I hereby claim foreign priority benefits under Title 35. United States Code, §119/§172 of any foreign application(s) for patent or inventor's certificate listed b and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claim

APPLICATION NUMBER	COUNTRY	DATE OF FILING (day, month, year)	PRIOF CLAIMED 35 U.S.C.	UNDE
			YES O	NO
			YES 🗆	МО
			YES O	NO I
			YES 🗆	NO I

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code is acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of prior application and the national or PCT international filing date of this application:

APPLICATION SERIAL NO.	FILING DATE	STATUS			
		PATENTED	PENDING	ABANDONED	
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POWER OF ATTORNEY: As a named inventor, I hereby appoint John F. Ward (Reg. No. 33,811) and John W. Olivo, Jr. (Reg. No. 35,634), whose address is & Olivo, 708 Third Avenue, New York, New York 10017, and each of them, my attorneys, to prosecute this application, and to transact all business in the I and Trademark Office connected therewith.

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DIRECT TELEPHONE CALLS TO: SEND CORRESPONDENCE TO: WARD & OLIVO 708 THIRD AVENUE WARD & OLIVO (212) 697-6262 NEW YORK, NEW YORK 10017 MIDDLE NAME PIRST NAME LAST NAME **FULL NAME SPENCER** A. **RATHUS** OF INVENTOR COUNTRY OF CITIZENSIUP STATE OR PORLEGN COUNTRY 2 RESIDENCE & UNITED STATES OF AMERICA 0 **NEW JERSEY** SHORT HILLS CITIZENSHIP STATE OR COUNTRY ZIP CODE POST OFFICE ADDRESS CITY POST OFFICE 07078 **NEW JERSEY** 31 KNOLLWOOD ROAD SHORT HILLS **ADDRESS** MUDDLE NAME FIRST NAME LAST NAME **FULL NAME JEFFREY NEVID** OF INVENTOR COUNTRY OF CITIZENSIEF STATE OR POREION COUNTRY 2 RESIDENCE & UNITED STATES OF AMERICA **NEW YORK** 0 **NEW YORK** CITIZENSHIP 2 STATE OR COUNTRY POST OFFICE ADDRESS POST OFFICE 10025 NEW YORK **NEW YORK** 382 CENTRAL PARK WEST, #11D **ADDRESS** MIDDLE NAME FIRST NAME LAST NAME **FULL NAME** LOIS FICHNER-RATHUS OF INVENTOR COUNTRY OF CITIZENSIEP STATE OR POREIGN COUNTRY 2 RESIDENCE & UNITED STATES OF AMERICA 0 **NEW JERSEY** SHORT HILL CITIZENSHIP 3 STATE OR COUNTRY ZIP CODE POST OFFICE ADDRESS POST OFFICE 07078 **NEW JERSEY** SHORT HILLS 31 KNOLLWOOD ROAD **ADDRESS** MIDDLE NAME FIRST NAME LAST NAME **FULL NAME** OF INVENTOR COUNTRY OF CITIZENSTEP STATE OR FORDION COUNTRY 2 απ RESIDENCE & 0 CITIZENSHIP 4 ZIP CODE STATE OR COUNTRY απ POST OFFICE ADDRESS POST OFFICE **ADDRESS** MIDDLE NAME FIRST NAME -LAST NAME **FULL NAME** OF INVENTOR COUNTRY OF CITIZENSHIP STATE OR FORLIGN COUNTRY 2 CITY RESIDENCE & 0 CITIZENSHIP 5 ZIP CODE STATE OF COUNTRY POST OFFICE ADDRESS arr POST OFFICE **ADDRESS** MIDDLE NAME FIRST NAME LAST NAME **FULL NAME** OF INVENTOR COUNTRY OF CITIZENSIEP STATE OR POREIGN COUNTRY 2 att RESIDENCE & 0 CITIZENSHIP 6 ZIP CODE STATE OR COUNTRY CITY POST OFFICE ADDRESS POST OFFICE **ADDRESS** 

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201  AMMINISTRATE  6/23/94	SIGNATURE OF INVENTOR 207  DATE    SIGNATURE OF INVENTOR 205	DATE 6/23/94  SIGNATURE OF INVENTOR 208
SIGNATURE OF INVENTUR 204 / DATE	DATE	DATE